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НОВЫЙ ДЕНЬ В МЕДИЦИНЕ**

NEW DAY IN MEDICINE

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SURGICAL TACTICS IN COMBINED TREATMENT OF COMMON FORMS OF
MALIGNANT NEOPLASMS OF THE TONGUE AND FLOOR OF THE ORAL CAVITY

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✓ *Resume*

Malignant neoplasms of the tongue and floor of the oral cavity constitute a significant proportion of oncologic pathology with a tendency to increasing incidence and detection at late stages. Improvement of surgical tactics within the framework of combined treatment is an actual problem of modern oncology.

Keywords: cancer of the tongue, cancer of the floor of the oral cavity, surgical treatment, complex therapy, reconstructive surgery, quality of life

ХИРУРГИЧЕСКАЯ ТАКТИКА ПРИ КОМБИНИРОВАННОМ ЛЕЧЕНИИ
РАСПРОСТРАНЕННЫХ ФОРМ ЗЛОКАЧЕСТВЕННЫХ НОВООБРАЗОВАНИЙ ЯЗЫКА
И ДНА РОТОВОЙ ПОЛОСТИ

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✓ *Резюме*

Злокачественные новообразования языка и дна полости рта составляют значительную долю онкологической патологии с тенденцией к росту заболеваемости и выявлению на поздних стадиях. Совершенствование хирургической тактики в рамках комбинированного лечения является актуальной проблемой современной онкологии.

Ключевые слова: рак языка, рак дна полости рта, хирургическое лечение, комплексная терапия, реконструктивная хирургия, качество жизни

ТИЛ ВА ОГИЗ БЎШЛИГИ ТУБИ САРАТОНИНИНГ ТАРҚАЛГАН ШАКЛЛАРИНИ
КОМПЛЕКС ДАВОЛАШДАГИ ЖАРРОҲЛИК ЁНДАШУВИ

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✓ *Резюме*

Тил ва огиз тубининг саратон патологиясининг катта қисмини ташкил қиласди, бу қасалликнинг кўпайиши ва кеч босқичларда аниқланиши тенденциясига ега. Комбинацияланган даволанинг бир қисми сифатида жарроҳлик тактикасини такомиллаштириши замонавий онкологиянинг долзарб муаммосидир.

Калит сўзлар: тил саратони, огиз бўшлиги саратони, жарроҳлик даволаши, комплекс терапия, реконструктив жарроҳлик, ҳаёт сифати

Introduction

Cancer of the tongue and the floor of the oral cavity remains one of the most pressing problems of modern oncology, accounting for up to 30-35% of all malignant neoplasms of the head and neck. Of particular concern is the fact that more than 60% of patients are admitted for treatment with locally advanced forms of the disease (stages III-IV), which significantly worsens the prognosis and makes it difficult to choose the optimal treatment strategy. Despite significant advances in surgical techniques and the emergence of new methods of complex treatment, the five-year survival rate for locally advanced cancer of the tongue and floor of the oral cavity remains unsatisfactory and ranges from 35 to 45% according to various authors. The high incidence of local relapses (up to 40-50%) and regional metastases (up to 35-40%) indicates the need to improve existing approaches to the treatment of this category of patients [1,9].

The choice of the optimal amount of surgical intervention is particularly difficult, ensuring the radicality of the operation while maintaining important functional characteristics of the oral organs. Modern reconstructive plastic technologies open up new possibilities in solving this problem, however, they require a clear definition of indications and contraindications for their use.

In recent years, the possibilities of combined and complex treatment have been actively explored, including various options for chemotherapy and radiation therapy combined with surgery. However, the optimal sequence of different treatment methods and the choice of the most effective neoadjuvant and adjuvant therapy regimens remain a matter of debate [2,10].

It is also relevant to search for prognostic factors that make it possible to individualize treatment tactics and improve its results. Special attention should be paid to the development of algorithms that help in decision-making when planning the surgical stage of treatment, taking into account the prevalence of the process and the individual characteristics of the patient [3,11].

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Despite significant advances in surgical techniques and the emergence of new methods of complex treatment, the five-year survival rate for locally advanced cancer of the tongue and floor of the oral cavity remains unsatisfactory and ranges from 35 to 45% according to various authors. The high incidence of local relapses (up to 40-50%) and regional metastases (up to 35-40%) indicates the need to improve existing approaches to the treatment of this category of patients [5,13].

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All of the above determines the relevance of this study aimed at improving surgical tactics in the complex treatment of locally advanced cancer of the tongue and the floor of the oral cavity. Malignant neoplasms of the tongue and the floor of the oral cavity are an urgent problem of modern oncology, accounting for about 2-3% of all human malignant tumors. According to world statistics, more than 300,000 new cases of this pathology are registered annually, while there is a steady upward trend in the incidence, especially among people of working age[7,15]. The treatment of locally advanced forms of the disease, which are diagnosed in 60-70% of primary patients, is particularly difficult. Despite the achievements of modern oncology, the five-year survival rates in stages III-IV of the disease remain unsatisfactory and do not exceed 35-40%. Combined treatment, including a surgical component, radiation and chemotherapy, is the standard of care for this category of patients. However, existing



approaches to surgical treatment do not always provide adequate radicalism while maintaining functional results. Postoperative complications that occur in 20-45% of cases significantly worsen the results of treatment and the quality of life of patients. The development of reconstructive surgery and the introduction of new technologies open up additional opportunities in the treatment of locally advanced forms of cancer of the tongue and the floor of the oral cavity. However, the issues of choosing the optimal amount of surgical intervention, reconstruction methods, and the sequence of stages of combined treatment remain unresolved. All of the above determines the relevance of this study aimed at optimizing surgical tactics in the combined treatment of common forms of malignant neoplasms of the tongue and the floor of the oral cavity [8,16].

The purpose of the study: To develop and scientifically substantiate optimal surgical tactics in the complex treatment of patients with locally advanced cancer of the tongue and floor of the oral cavity.

Research materials and methods

The study included 120 patients with histologically verified squamous cell carcinoma of the tongue and floor of the oral cavity of stage III-IV (T3-4N0-2M0) who were treated from 2021 to 2024.

Inclusion criteria:

- Age 18-75 years
- Morphologically confirmed diagnosis
- Disease stage T3-4N0-2M0
- Lack of previous special treatment
- ECOG status 0-2

The patients were distributed by randomization. The patients were divided into two groups: The main group consisted of 60 patients. They used advanced surgical tactics, modern reconstructive techniques, an individualized approach to surgery planning, and comprehensive treatment according to a developed algorithm.

Result and discussions

At a clinical dental examination, the dentist makes a conclusion about adequate sanitation of the oral cavity (Fig. 1). With a sanitized oral cavity, individual hygiene products (toothbrush, toothpaste, mouthwash, denture cleaning tablets, adhesive pastes) are selected for the patient at the preclinical stage to maintain a hygienic condition of the oral cavity during the entire course of complex antitumor treatment. Individual orthopedic protective devices are also manufactured (a device for the prevention of dental radiation reactions, a device for the prevention of tongue radiation reactions, deocclusion mouthguards), together with the attending radiologist. If the oral cavity is not sanitized, four stages of sanitation are mandatory. The first stage is the removal of unsatisfactory orthopedic structures or their replacement with temporary plastic ones made by the laboratory method; repair and relocation of removable dentures. The second stage is professional oral hygiene, without the use of ultrasound devices, removal of tartar manually and plaque with an Air flow device, fluoroprophylaxis, selective grinding of teeth. The third stage is the removal of completely destroyed teeth and dental roots, as well as teeth with III degree of mobility.

The fourth stage is the filling of all carious cavities. After that, individual hygiene products are also selected for patients and protective individual orthopedic devices are manufactured. The algorithm of dental preparation presented in the form of a diagram is simple in understanding the sequence of the performed stages and the volume of dental care at the stage of preparation for the complex treatment of oral tumors.

Conclusion

Thus, the developed tactics of surgical treatment as part of the complex therapy of locally advanced cancer of the tongue and floor of the oral cavity demonstrated significant advantages over traditional approaches, oncological results showed an increase in overall survival by 15.6%, improved locoregional control, and a decrease in the frequency of relapses.

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